

Name	Mr. MURUGAN K	ID	MED210155255
Age & Gender	40Y/M	Visit Date	Oct 26 2024 11:07AM
Ref Doctor	MediWheel		

X - RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Cardiac size is within normal limits.

Bilateral hilar regions appear normal.

Bilateral domes of diaphragm and costophrenic angles are normal.

Visualised bones and soft tissues appear normal.

Impression: Essentially normal study.

N. Sandhya

**Dr.N.Sandhya, DMRD
Consultant Radiologist**

Name	Mr.MURUGAN K	ID	MED210155255
Age & Gender	40/MALE	Visit Date	26/10/2024
Ref Doctor Name	MediWheel		

Thanks for your reference

SONOGRAM REPORT

WHOLE ABDOMEN

Liver: The liver is normal in size and shows uniform echotexture with no focal abnormality. There is no intra or extra hepatic biliary ductal dilatation.

Gallbladder: The gall bladder is partially distended with no demonstrable calculus. Wall thickness appears normal (Post prandial status).

Pancreas: The pancreas head and visualized part of body appears normal. Rest of the body of pancreas and tail obscured by bowel gas.

Spleen: The spleen is normal.

Kidneys: The right kidney measures 8.8 x 3.8 cm. Normal architecture.

The collecting system is not dilated.

The left kidney measures 9.0 x 4.2 cm. Normal architecture.

The collecting system is not dilated.

Small calculus of size 2.5mm noted in mid pole of left kidney.

Urinary

bladder: The urinary bladder is partially filled.

Prostate: The prostate measures 3.3 x 2.6 x 2.5 cm and is normal sized. Corresponds to a weight of about 11.36 gms.

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7.Results of the test are influenced by the various factors such as sensitivity, specificity of the procedures of the tests, quality of the samples and drug interactions etc.,

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The echotexture is homogeneous.
The seminal vesicles are normal.

RIF: Iliac fossae are normal.
No mass or fluid collection is seen in the right iliac fossa.
The appendix is not visualized.
There is no free or loculated peritoneal fluid.
No para aortic lymphadenopathy is seen.

IMPRESSION :

➤ **Small left renal calculus .**

**DR.T.ANNIE STALIN MBBS.,F.USG.,
SONOLOGIST.**

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ECHOCARDIOGRAM WITH COLOUR DOPPLER:

LVID d ... 4.8cm
 LVID s ... 2.7cm
 EF ... 74%
 IVS d ...0.7cm
 IVS s ... 0.9 cm
 LVPW d ... 0.9cm
 LVPW s ... 0.9cm
 LA ... 2.9 cm
 AO ... 2.6 cm

Left ventricle , Left atrium normal.

Right ventricle, Right atrium normal.

No regional wall motion abnormality present.

Aortic valve thickened .

Mitral valve, Tricuspid valve & Pulmonary valve normal.

Aorta normal.

Inter atrial septum intact.

Inter ventricular septum intact.

No pericardial effusion .

Doppler:

Mitral valve : E: 0.94m/s A: 0.65 m/s
 E/A Ratio: 1.45 E/E: 12.91

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Aortic valve: Aortic regurgitation -Mild

AV Jet velocity: 1.42m/s ARPHT: 426

Tricuspid valve: TV Jet velocity: 1.79 m/s TRPG: 12.76 mmHg.

Pulmonary valve: PV Jet velocity: 1.38m/s

IMPRESSION:

1. **Normal chambers in size.**
2. **No regional wall motion abnormality present.**
3. **Normal biventricular function.**
4. **Pericardial effusion - Nil.**
5. **No pulmonary artery hypertension.**

Dr. S. MANIKANDAN. MD.DM.(Cardio)
Cardiologist

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SID No. : 624022768
Age / Sex : 40 Year(s) / Male
Type : OP
Ref. Dr : MediWheel

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Collection On : 26/10/2024 11:22 AM
Report On : 26/10/2024 3:49 PM
Printed On : 19/11/2024 2:58 PM



<u>Investigation</u>	<u>Observed Value</u>	<u>Unit</u>	<u>Biological Reference Interval</u>
BLOOD GROUPING AND Rh TYPING (Blood/Agglutination)	'B' 'Positive'		
<u>Complete Blood Count With - ESR</u>			
Haemoglobin (Blood/Spectrophotometry)	15.3	g/dL	13.5 - 18.0
Packed Cell Volume(PCV)/Haematocrit (Blood/Derived from Impedance)	46.9	%	42 - 52
RBC Count (Blood/Impedance Variation)	5.26	mill/cu.mm	4.7 - 6.0
Mean Corpuscular Volume(MCV) (Blood/Derived from Impedance)	89.3	fL	78 - 100
Mean Corpuscular Haemoglobin(MCH) (Blood/Derived from Impedance)	29.1	pg	27 - 32
Mean Corpuscular Haemoglobin concentration(MCHC) (Blood/Derived from Impedance)	32.6	g/dL	32 - 36
RDW-CV (Derived from Impedance)	15.8	%	11.5 - 16.0
RDW-SD (Derived from Impedance)	49.38	fL	39 - 46
Total Leukocyte Count (TC) (Blood/Impedance Variation)	6680	cells/cu.mm	4000 - 11000
Neutrophils (Blood/Impedance Variation & Flow Cytometry)	43.4	%	40 - 75
Lymphocytes (Blood/Impedance Variation & Flow Cytometry)	41.1	%	20 - 45
Eosinophils (Blood/Impedance Variation & Flow Cytometry)	7.8	%	01 - 06
Monocytes (Blood/Impedance Variation & Flow Cytometry)	6.7	%	01 - 10



VERIFIED BY



Dr.R.Lavanya MD
Consultant - Pathologist
Reg No: 90632

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Basophils (Blood/Impedance Variation & Flow Cytometry)	1.0	%	00 - 02
INTERPRETATION: Tests done on Automated Five Part cell counter. All abnormal results are reviewed and confirmed microscopically.			
Absolute Neutrophil count (Blood/Impedance Variation & Flow Cytometry)	2.90	10 ³ / µl	1.5 - 6.6
Absolute Lymphocyte Count (Blood/Impedance Variation & Flow Cytometry)	2.75	10 ³ / µl	1.5 - 3.5
Absolute Eosinophil Count (AEC) (Blood/Impedance Variation & Flow Cytometry)	0.52	10 ³ / µl	0.04 - 0.44
Absolute Monocyte Count (Blood/Impedance Variation & Flow Cytometry)	0.45	10 ³ / µl	< 1.0
Absolute Basophil count (Blood/Impedance Variation & Flow Cytometry)	0.07	10 ³ / µl	< 0.2
Platelet Count (Blood/Impedance Variation)	255	10 ³ / µl	150 - 450
MPV (Blood/Derived from Impedance)	7.3	fL	7.9 - 13.7
PCT (Automated Blood cell Counter)	0.19	%	0.18 - 0.28
ESR (Erythrocyte Sedimentation Rate) (Blood/Automated ESR analyser)	8	mm/hr	< 15
BUN / Creatinine Ratio	11.28		
Glucose Fasting (FBS) (Plasma - F/GOD-PAP)	103.8	mg/dL	Normal: < 100 Pre Diabetic: 100 - 125 Diabetic: >= 126

INTERPRETATION: Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level.

Glucose, Fasting (Urine) (Urine - F)	Negative		Negative
Glucose Postprandial (PPBS) (Plasma - PP/GOD-PAP)	113	mg/dL	70 - 140



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R. Lavanya
 Dr.R.Lavanya MD
 Consultant - Pathologist
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INTERPRETATION:

Factors such as type, quantity and time of food intake, Physical activity, Psychological stress, and drugs can influence blood glucose level. Fasting blood glucose level may be higher than Postprandial glucose, because of physiological surge in Postprandial Insulin secretion, Insulin resistance, Exercise or Stress, Dawn Phenomenon, Somogyi Phenomenon, Anti-diabetic medication during treatment for Diabetes.

Urine Glucose(PP-2 hours) (Urine - PP)	Negative		Negative
Blood Urea Nitrogen (BUN) (Serum/Urease UV / derived)	9.25	mg/dL	7.0 - 21
Creatinine (Serum/Modified Jaffe)	0.82	mg/dL	0.9 - 1.3
Uric Acid (Serum/Enzymatic)	5.9	mg/dL	3.5 - 7.2

Liver Function Test

Bilirubin(Total) (Serum)	0.9	mg/dL	0.1 - 1.2
Bilirubin(Direct) (Serum/Diazotized Sulfanilic Acid)	0.24	mg/dL	0.0 - 0.3
Bilirubin(Indirect) (Serum/Derived)	0.66	mg/dL	0.1 - 1.0
SGOT/AST (Aspartate Aminotransferase) (Serum/Modified IFCC)	33.1	U/L	5 - 40
SGPT/ALT (Alanine Aminotransferase) (Serum)	31.2	U/L	5 - 41
GGT(Gamma Glutamyl Transpeptidase) (Serum/IFCC / Kinetic)	26.3	U/L	< 55
Alkaline Phosphatase (SAP) (Serum/Modified IFCC)	77.5	U/L	53 - 128
Total Protein (Serum/Biuret)	7.33	gm/dl	6.0 - 8.0
Albumin (Serum/Bromocresol green)	4.7	gm/dl	3.5 - 5.2



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Globulin (Serum/Derived)	2.63	gm/dL	2.3 - 3.6
A : G RATIO (Serum/Derived)	1.79		1.1 - 2.2
<u>Lipid Profile</u>			
Cholesterol Total (Serum/CHOD-PAP with ATCS)	240.2	mg/dL	Optimal: < 200 Borderline: 200 - 239 High Risk: >= 240
Triglycerides (Serum/GPO-PAP with ATCS)	79.3	mg/dL	Optimal: < 150 Borderline: 150 - 199 High: 200 - 499 Very High: >= 500

INTERPRETATION: The reference ranges are based on fasting condition. Triglyceride levels change drastically in response to food, increasing as much as 5 to 10 times the fasting levels, just a few hours after eating. Fasting triglyceride levels show considerable diurnal variation too. There is evidence recommending triglycerides estimation in non-fasting condition for evaluating the risk of heart disease and screening for metabolic syndrome, as non-fasting sample is more representative of the "usual" circulating level of triglycerides during most part of the day.

HDL Cholesterol (Serum/Immunoinhibition)	49.6	mg/dL	Optimal(Negative Risk Factor): >= 60 Borderline: 40 - 59 High Risk: < 40
LDL Cholesterol (Serum/Calculated)	174.7	mg/dL	Optimal: < 100 Above Optimal: 100 - 129 Borderline: 130 - 159 High: 160 - 189 Very High: >= 190
VLDL Cholesterol (Serum/Calculated)	15.9	mg/dL	< 30



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Non HDL Cholesterol (Serum/Calculated)	190.6	mg/dL	Optimal: < 130 Above Optimal: 130 - 159 Borderline High: 160 - 189 High: 190 - 219 Very High: >= 220

INTERPRETATION: 1.Non-HDL Cholesterol is now proven to be a better cardiovascular risk marker than LDL Cholesterol.
2.It is the sum of all potentially atherogenic proteins including LDL, IDL, VLDL and chylomicrons and it is the "new bad cholesterol" and is a co-primary target for cholesterol lowering therapy.

Total Cholesterol/HDL Cholesterol Ratio (Serum/Calculated)	4.8		Optimal: < 3.3 Low Risk: 3.4 - 4.4 Average Risk: 4.5 - 7.1 Moderate Risk: 7.2 - 11.0 High Risk: > 11.0
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Triglyceride/HDL Cholesterol Ratio (TG/HDL) (Serum/Calculated)	1.6		Optimal: < 2.5 Mild to moderate risk: 2.5 - 5.0 High Risk: > 5.0
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LDL/HDL Cholesterol Ratio (Serum/Calculated)	3.5		Optimal: 0.5 - 3.0 Borderline: 3.1 - 6.0 High Risk: > 6.0
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Glycosylated Haemoglobin (HbA1c)

HbA1C (Whole Blood/Ion exchange HPLC by D10)	7.0	%	Normal: 4.5 - 5.6 Prediabetes: 5.7 - 6.4 Diabetic: >= 6.5
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INTERPRETATION: If Diabetes - Good control : 6.1 - 7.0 % , Fair control : 7.1 - 8.0 % , Poor control >= 8.1 %

Estimated Average Glucose (Whole Blood)	154.2	mg/dL	
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INTERPRETATION: Comments HbA1c provides an index of Average Blood Glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. Conditions that prolong RBC life span like Iron deficiency anemia, Vitamin B12 & Folate deficiency, hypertriglyceridemia, hyperbilirubinemia, Drugs, Alcohol, Lead Poisoning, Asplenia can give falsely elevated HbA1C values. Conditions that shorten RBC survival like acute or chronic blood loss, hemolytic anemia, Hemoglobinopathies, Splenomegaly, Vitamin E ingestion, Pregnancy, End stage Renal disease can cause falsely low HbA1c.			
Prostate specific antigen - Total(PSA) (Serum/Manometric method)	0.35	ng/mL	Normal: 0.0 - 4.0 Inflammatory & Non Malignant conditions of Prostate & genitourinary system: 4.01 - 10.0 Suspicious of Malignant disease of Prostate: > 10.0

INTERPRETATION: Analytical sensitivity: 0.008 - 100 ng/mL
PSA is a tumor marker for screening of prostate cancer. Increased levels of PSA are associated with prostate cancer and benign conditions like bacterial infection, inflammation of prostate gland and benign hypertrophy of prostate/ benign prostatic hyperplasia (BPH).
Transient elevation of PSA levels are seen following digital rectal examination, rigorous physical activity like bicycle riding, ejaculation within 24 hours.
PSA levels tend to increase in all men as they age.
Clinical Utility of PSA:
•In the early detection of Prostate cancer.
•As an aid in discriminating between Prostate cancer and Benign Prostatic disease.
•To detect cancer recurrence or disease progression.

THYROID PROFILE / TFT

T3 (Triiodothyronine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	1.46	ng/ml	0.7 - 2.04
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INTERPRETATION:
Comment :
Total T3 variation can be seen in other condition like pregnancy, drugs, nephrosis etc. In such cases, Free T3 is recommended as it is Metabolically active.

T4 (Tyroxine) - Total (Serum/Chemiluminescent Immunometric Assay (CLIA))	6.90	µg/dl	4.2 - 12.0
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